

# **EXHIBIT 13**



## PERSONNEL ACTION REQUEST PC-11831B

EMPLOYEE ID 01155487	SSN/SIN 521882725	FIRST NAME marlayna	MI G	LAST NAME Tillman
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## ACTION CODES (Check appropriate action)

EFFECTIVE DATE: 10/30/02 TERMINATION DATE: \_\_\_\_\_ LAST DATE WORKED: \_\_\_\_\_

- |  |                                      |   |                                      |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> HIRE            | <input type="checkbox"/> TRANSFER    | <input type="checkbox"/> LEAVE (PAID)                 | <input type="checkbox"/> TERMINATION |
| <input type="checkbox"/> REHIRE          | <input type="checkbox"/> PAY         | <input type="checkbox"/> LEAVE (UNPAID)               | <input type="checkbox"/> RETIREMENT  |
| <input type="checkbox"/> POSITION CHANGE | <input type="checkbox"/> DATA (MISC) | <input checked="" type="checkbox"/> RETURN FROM LEAVE |                                      |

REASON: REF/PDL POSITION #: \_\_\_\_\_

## FILL IN APPROPRIATE ACTION INFORMATION

COMPANY	BUSINESS UNIT	DEPARTMENT	LOCATION (Work)
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JOB TITLE	JOB CODE	REG/TEMP <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY
FULL/PART <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	EMPLOYEE CLASS <input type="checkbox"/> INTERN <input type="checkbox"/> SEASONAL	SHIFT <input type="checkbox"/> DAY (1) <input type="checkbox"/> EVENING (2) <input type="checkbox"/> NIGHT (3)
STANDARD HOURS	CONTRACT TYPE <input type="checkbox"/> SEVERANCE 5T OR STL <input type="checkbox"/> RELOCATION <input type="checkbox"/> SIGN-ON \$ _____ <input type="checkbox"/> GRANDFATHERED	

UNION LOCAL	SERVICE DATE (Vesting)
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PAYGROUP	EMPLOYEE TYPE <input type="checkbox"/> EXCEPTION HOURLY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARIED	GL PAY TYPE (COST CENTER/FRANCHISE)	ACCOUNT CODE (LABOR)
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GRADE (BAND/LEVEL)	PERFORMANCE RATING <input type="checkbox"/> ABOVE TARGET <input type="checkbox"/> ON TARGET <input type="checkbox"/> BELOW TARGET
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COMPENSATION FREQUENCY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY	COMPENSATION RATE \$ _____	INCR. AMOUNT/PERCENT
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DOT/CDL DRIVERS LICENSE DATA <input type="checkbox"/> ACDL: >26K CLASS A/TRAILER >10K <input type="checkbox"/> BCDL: >26K CLASS B/TRAILER <10K CDL ENDORSEMENTS (IF APPL): <input type="checkbox"/> H: HAZMAT <input type="checkbox"/> N: TANKER <input type="checkbox"/> X: BOTH N & H <input type="checkbox"/> T: DOUBLE TRAILER	TCDL: CDL TRAINEE/LEARNER'S PERMIT <input type="checkbox"/> D10K: 10K - 26K OTHER DRIVERS LICENSE DATA <input type="checkbox"/> NON: NON-COMMERCIAL LICENSE <input type="checkbox"/> INSU: PERSONAL INSURANCE REQUIRED FOR JOB
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COMMENTS <u>Return from layoff</u>	REC'D <u>10-24-02</u>
	ADP <u>10-24</u>
	EDMS <u>10-24</u>
	ETC <u>P</u>

PB&amp;G 00052

APPROVALS			
SUPERVISOR SIGNATURE <u>[Signature]</u>	DATE <u>10-2-02</u>	APPROVING MGR SIGNATURE <u>[Signature]</u>	DATE <u>10/14/02</u>